

**● PRINTER RUSH ●**  
**(PTO ASSISTANCE)**

Application : 09/841795 Examiner : Hindenburg GAU : 3736

From : PAP Location : (IDC) FMF FDC Date : 5/11/05

Tracking # : 06094125 Week Date : 4/11/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> DRW	<u>11/7/2002</u>	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Attention Chief Drafts person: Please  
supply new drawing sheets for Figures 4, 6, 7, 12,  
13, 14, 15 - a date stamp is covering data.

Thank you

[XRUSH] RESPONSE: \_\_\_\_\_

Drawing OK By Draftsman

**INITIALS:**

[Signature]

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04

FIG. 4

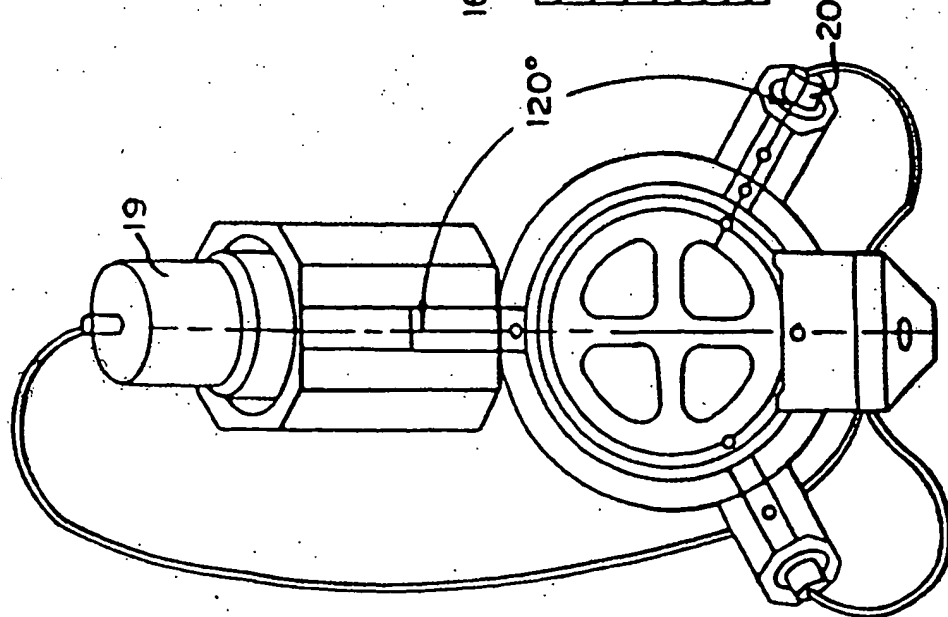


FIG. 5

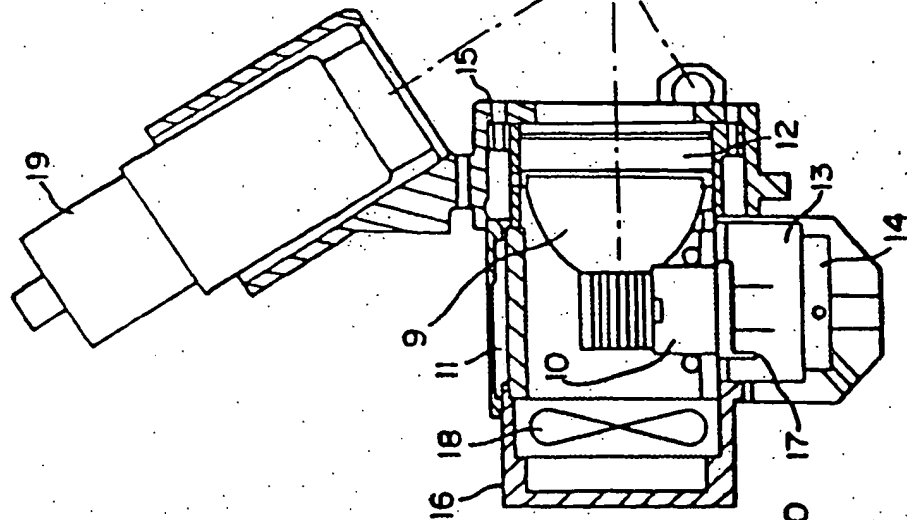


FIG. 8

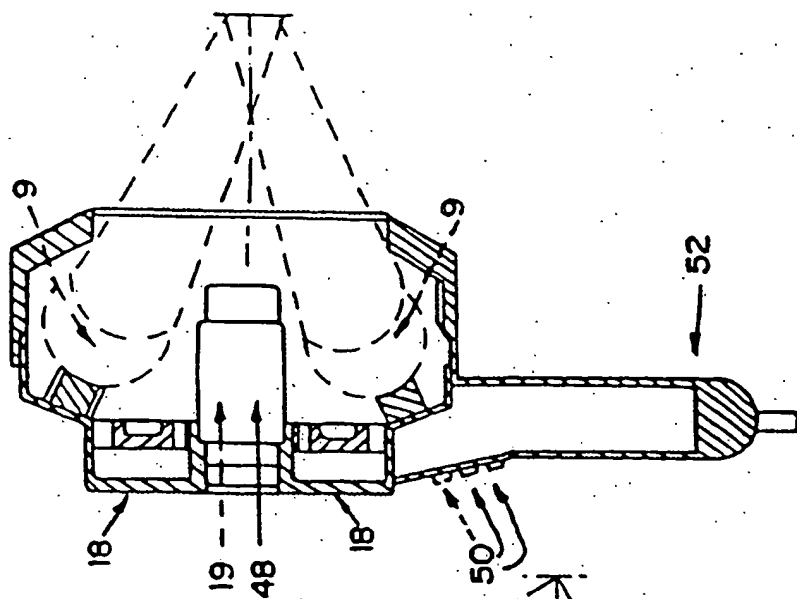


FIG. 6

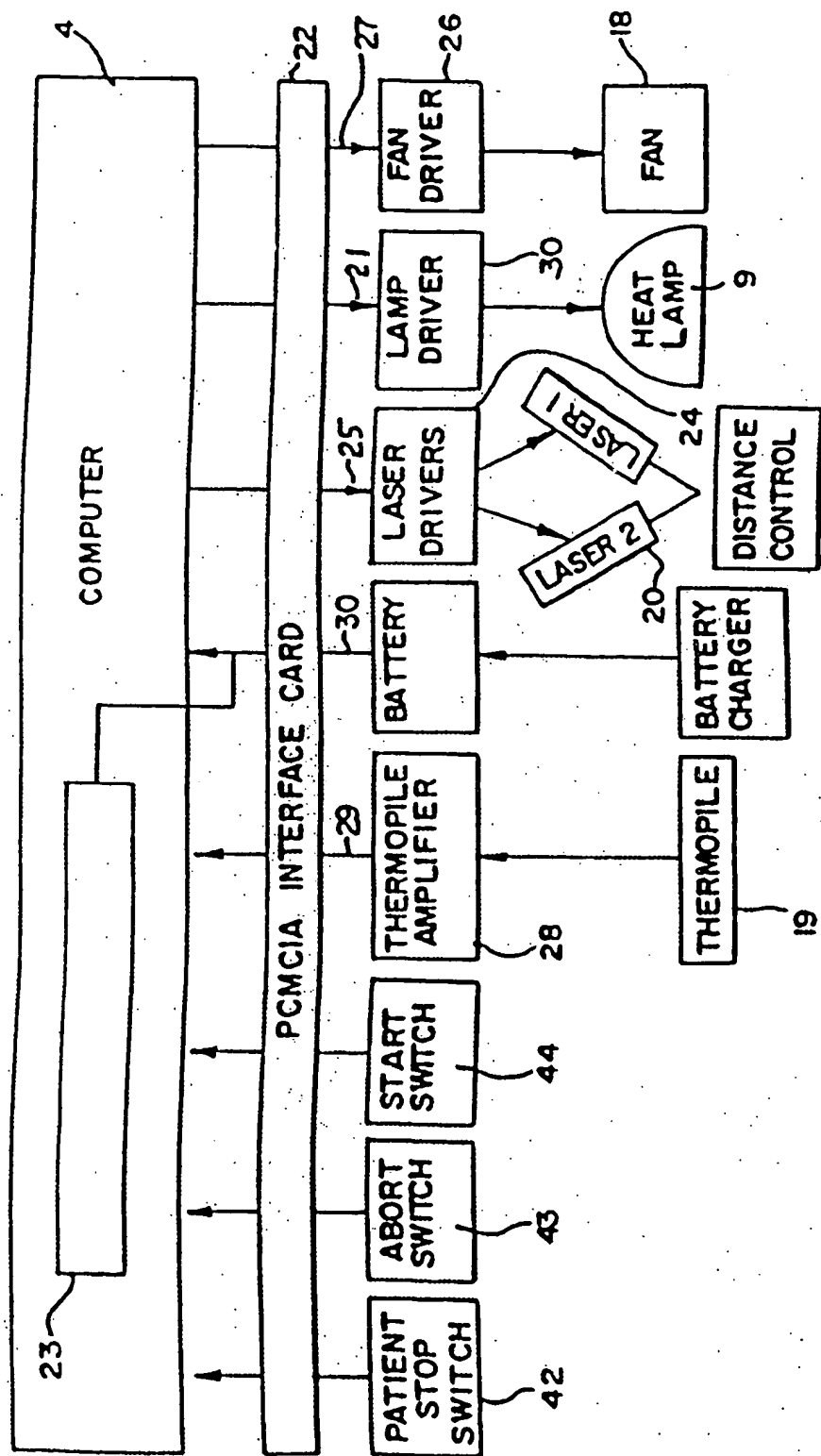
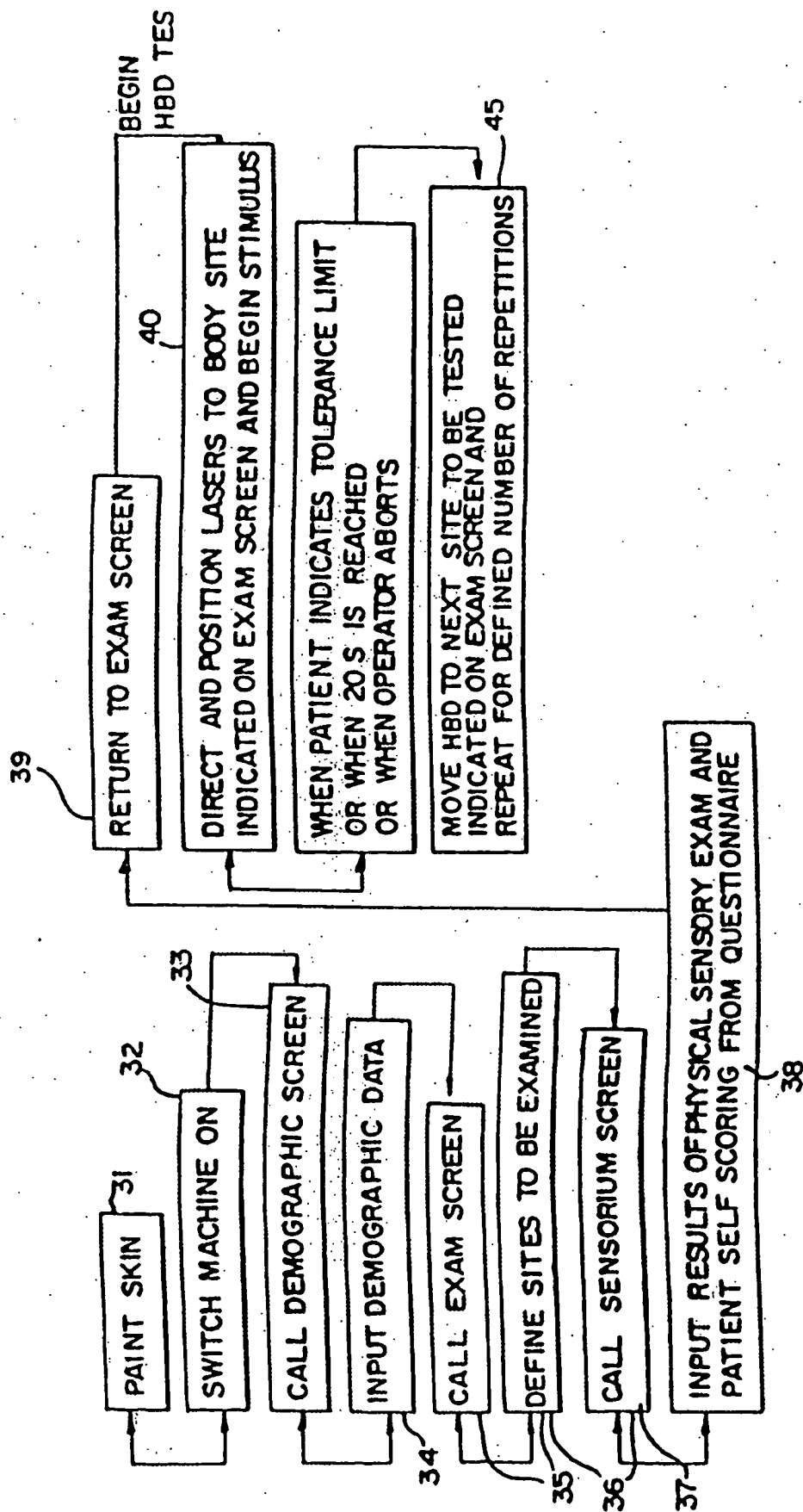


FIG. 7



VPAS SCREEN:

PATIENT: MARK THE STREIGHT LINE TO INDICATE YOUR CURRENT PAIN,  
THEN TOUCH 'DONE' WHEN FINISHED

NO PAIN



MAXIMUM POSSIBLE PAIN

DONE

FIG. 12

VMAS SCREEN:

PATIENT: MARK THE STREIGHT LINE TO INDICATE YOUR CURRENT MOOD,  
THEN TOUCH 'DONE' WHEN FINISHED

BEST  
MOOD

WORST  
POSSIBLE  
MOOD

DONE

FIG. 13

# PAIN SEVERITY CATEGORY SCALE (PS)

PATIENT: CHECK THE BOX THAT BEST DESCRIBES  
THE SEVERITY OF YOUR PRESENT PAIN

NONE	<input type="checkbox"/>
A LITTLE	<input type="checkbox"/>
SOME	<input type="checkbox"/>
A LOT	<input type="checkbox"/>
TERRIBLE	<input type="checkbox"/>

FIG. 14

## PAIN RELIEF CATEGORY SCALE (PR)

PATIENT: CHECK THE BOX THAT BEST DESCRIBES  
YOUR PRESENT PAIN RELIEF SINCE  
LAST SCORED

NONE	<input type="checkbox"/>
A LITTLE	<input type="checkbox"/>
SOME	<input type="checkbox"/>
A LOT	<input type="checkbox"/>
COMPLETE	<input type="checkbox"/>

FIG. 15